

Application for a Temporary Food Service Operation

☐ SINGLE EVENT

☐ MULTIPLE EVENT (3 or more times/year)

This application and all applicable information for each food service vendor must be submitted no later than two weeks (10 business days) prior to the event. All Temporary Food Service Operations shall comply with CT Public Health Code Sec. 19-13-B42.

Sponsor Name	Name of Event
Sponsor's Address	Phone
Date/Time of Event	Location of Event
Food Vendor Trade Name	Name of Food Vendor
Name of Person(s) in Charge	Email & Phone
1. List all foods and beverages that will be served (include condiments)	
2. List all food sources	
3. List all food types to be prepared on site	
4. How will foods be delivered?	
5. How will cold food be kept cold (below 45 °F)? (Examples: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc.)	
6. How will hot food be kept hot (above 140 °F)? (Examples: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc.)	

7. Provide type and location of hand washing and toilet facilities

8. Who is in charge of clearing/cleaning any tables for eating?

9. How will utensils, cutting boards, etc. be sanitized?

10. You must provide an adequate number of covered garbage receptacles that are located and emptied in such a way as to minimize odors, flies, etc. Please describe the arrangements you have made for garbage.

11. Please sketch out a layout of the site including: Food Booths, Restrooms, Hand Washing Facilities, Garbage, Cans, Alcohol Distribution Points, etc. (you may sketch the layout on a separate sheet of paper & attach it to this application)

Additional Permits May be Required.

Please consult with: Essex Building Dept. for all electrical and plumbing connections.
Essex Building Dept. for all gas or grill-type cooking equipment.
Parks and Rec. Dept. for all events taking place on town property.
Resident Trooper Office for all events involving a Temporary Liquor Permit

I, the undersigned, hereby apply for a license to operate a Temporary Food Service Operation in the Town of Essex.
If granted, I agree to comply with all applicable State Laws and Local Regulations.

Print Name

Signature

Date:

OFFICE USE ONLY - LOCAL HEALTH DEPARTMENT APPROVAL

Application Approved? YES _____ No _____

Approved by:

Date: